

ATTORNEY'S DOCKET NO.: PA2064US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"Customization of User Interface Presentation in an Internet Application User Interface"

the specification of which (check one):

is attached hereto.				
X was filed on December 28, 200	1			
as U.S. Application No. 10	/041,015			
or PCT International Application No.				
and was amended on	(if applicable).			

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or (f) or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Number	Country	Foreign Filing <u>Date</u>	<u>Priority</u> <u>Claimed?</u>	Certified Copy Attached?
(Number)	(Country)	(MM/DD/YYYY)	Yes No	Yes No
(Number)	(Country)	(MM/DD/YYYY)	Yes No	Yes No

I hereby claim the benef provisional application(ed States Code §119(e) of any United States				
60/273,190	5) 115toa 5010 W.	March 2, 2001				
(Application Number)		(Filing Date)				
(Application Number)		(Filing Date)				
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.						
(Application Number)	(Filing Date)	(Status patented, pending, abandoned)				
(Application Number)	(Filing Date)	(Status patented, pending, abandoned)				

POWER OF ATTORNEY: I hereby appoint the attorney(s) and/or agent(s) associated with the customer number **22830** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND ALL CORRESPONDENCE TO:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's signature:	in my	Dated: 4/2/02			
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